PLEASE PRINT

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 08 2019

IRE STATE

	<u>_</u> ***	i	DEPARTMENT OF
I. Name of Lobbyist(s) Rich Newman-N	14 Government Solutions	C- 110
II. Name of lobbyist's	s partnership, firm or corporation	- OB-VITONI	Group, LCC
		on, it any:	
(No		, , , , , , , , , , , , , , , , , , ,	
	e of partnership, firm or corporation)		
Business Address: (Str	Main Street - Svite (Town/C	104, Concord NHO.	330/
(603) 225-51. (Telephone)	34 (603) <u>224</u>	-5724 e-mail rick Q r	ick Newman .com
III. This statement correportable expense tra	vers: (Choose one – file separate ansactions which are not attribut	reports for each client, OR you may f	ile a separate report for
All reportable trans	actions occurring in the months pr	ior to the reporting date relative to the fo	allowing client
NH Ind	(Full Name of Client as it appears on	y. Arroc.	nowing oneit.
<u>OR</u>	(roll Name of Client as it appears on	the Lobbyist Registration Form)	
☐ All reportable transa unrelated to any particu	ctions by the lobbyist (including the lar client.	he lobbyist's family), or the lobbying fire	m listed below which are
IV. Date of Report	April 24, 2019		
_	April 24, 2019 Let from date of registration to 3/31/19	July 31, 2019	
	October 30, 2019		
ac	Tivity from 7/1/19 to 9/30/19	January 29, 2020 ☐ activity from 10/1/19 to 12/31/19	
V. There have been r If this box is checked, co Concord, NH 03301.	no fees received and no report implete just this form and submit it	table transactions made since the la to the Secretary of State's Office, State	ast report. [] House, Room 204,
VI. Check if additional	FOROFIC ON OHIOCAL		
If you have received	fees or made expenditures	nust file Addendum A- Fees and Expen	
If you have paid an I	NONOFARIUM OF reimbursed expense	es, you must file Addendum B- Report	ses of Honorariums or
		ntributions, you must file Addendum C	- Political Contributions
Sworn Statement/Affiri have read RS <u>A 15,</u> RSA	mation by Lobbyist	and hereby swear or affirm that the foreg	
(Z. A)	elle	4/08/19	
(Signature of lobbyist)	<u>· </u>	4 / 08 //9 (Date)	
^		(Date)	

Rich Newman (Print Name of lobbyist)

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

or to by ist's partnership, firm or some and the	ment Soluti	* · · · · · · · · · · · · · · · · · · ·	7.
II. Name of lobbyist's partnership, firm or corporation, if any:			
(Name of partnership, firm or corporation)			
III. Name of Client	Date	1	1/
•			1 1
IV. Fees Received			
Indicate the gross amount of all fees received from the client identified ab to lobbying, including fees for services such as public advocacy, government	ounders at 15		
to lobbying, including fees for services such as public advocacy, governmented by any even monitoring legislation, and related legal work. The	cont relations or	d, directly	от in
including research, monitoring legislation, and related legal work. The reduced by any expenses:	gross fee amour	nt reported	ions shall
	·		
a) Total of all fees received in this reporting period	a) \$	5000	0
	ر د رد ا	1-00	
b) Total of all fees received this calendar year, prior to this reporting perio (This should equal the total of all prior monthly reports for this calenda	d b) \$	_ 0 -	
C) Total of the calendary reports for this calendary	r year)		
C) Total of all fees received to date (Add lines a and b)			
(A rod tiles 4 and b)	c) s 7	500.0	2
i) Indicate the amount of any such fees that are due, but have not	c) \$		_
yet been paid			
	4) e . :	<u> </u>	-
	d) \$ _ · :		
/- Expenses:			
obbyist(s)/Lobbying partnerships 6			
cobbyist(s)/Lobbying partnerships, firms, or corporations are required to r	eport all expense	s: made: fro	m lo
cobbyist(s)/Lobbying partnerships, firms, or corporations are required to recess. Separate reports are to be filed for expenditures made relative to each le lobbyist(s)/firm that are unrelated to expenditures made relative to each	eport all expense	s [,] mad e :fro	m lo
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		•	
d) Total expenses for this reporting peri (Add lines a, b and c)	od	d)\$	<u>e</u>
e) Total of expenses paid this calendar y (This should be the amount on line f of	ear, prior to this reporting period	e)\$	
f) Total of all expenses year to date	, and the state of	ns_2,000.00	;;
VI. Other Expenses: Provide the following detail for all expenseriod, including by whom paid or to whom	ditures of more than \$25 made from		
Paid to:			
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WOFE Statement A.C.		•	j
worn Statement/Affirmation by Lob			
have read RSA 15, RSA 15-B and RS, true and complete to the best of my k	A 664 and hereby swear or affirm	n that the foregoing informa	ation
Agu	nowledge and belief.		•
Cas. Millian	•	11 .\ 00 \ 10	
Signature of lobbyist)		(Date)	} .
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